

ATTACHMENT 11



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
State Laboratory Institute
305 South Street, Jamaica Plain, MA 02130

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COMMISSIONER

To: Local Boards of Health
Animal Control Officers and Inspectors

From: Barbara Werner, Ph.D., Director
Infectious Disease Laboratories Division, Massachusetts Department of Public Health

Date: March 2003

Re: Revised Guidelines for Specimen Transport and Rabies Testing

The Massachusetts Department of Public Health (MDPH) Bureau of Laboratory Sciences is committed to providing accurate, timely testing of suspect rabid animals involved in exposures of humans or domestic animals. Together with the Bureau of Communicable Disease Control (BCDC), we will continue to provide quality rabies testing services and information for Commonwealth residents.

The U.S. Department of Transportation (DOT) recently enhanced its packaging requirements for diagnostic and infectious specimens. Please see the attached Guidelines for Specimen Transport and Rabies Testing, which replace previous versions of these Guidelines. The revised Specimen Request Form for Rabies Testing is enclosed. Please begin using this form immediately. The Guidelines and Specimen Request Form for Rabies Testing are also available on the MDPH website at <http://www.state.ma.us/dph/bls/viro.htm>.

For specific enhancements to DOT regulations concerning the transportation of diagnostic specimens, please consult the Federal Register, Vol. 67, No. 157, Part III, Department of Transportation, Research and Special Programs, 49 CFR Part 171 et al., Hazardous Materials: Revision to Standards for Infectious Substances; Final Rule, available at <http://hazmat.dot.gov/67fr-53118.pdf>.

Questions concerning testing and specimen transport should be directed to the Virology Laboratory at (617) 983-6385, Monday through Friday between 8am and 6pm. Questions concerning exposures, the need for testing, and prophylaxis should be directed to the Division of Epidemiology and Immunization, BCDC, MDPH, at (617) 983-6800.

Specimen Request Form for Rabies Testing
STATE LABORATORY INSTITUTE
305 South Street
Jamaica Plain, MA 02130-3597
Tel. 617-983-6385

Do not use this space

Date Received ____/____/____

PLEASE PRINT

DO NOT ABBREVIATE

1. PROVIDER/SENDER INFORMATION				2. OWNER INFORMATION (or person who found animal)			
Name _____				Name: Last _____ First _____ Initial _____			
Address: No./Street/Apt.# _____				Address: No./Street/Apt.# _____			
City/Town _____		State _____		City/Town _____		State _____	
		Zip Code _____				Zip Code _____	
Phone Number: () _____				Phone Number: () _____			
3. SPECIMEN INFORMATION							
				<input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown			
Species _____		Breed _____		Age _____		Death Date ____/____/____	
						Cause of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized Method _____	
Location Where Animal was Found:		Symptoms:		<input type="checkbox"/> Found Dead <input type="checkbox"/> Seizures		Reason for Rabies Testing:	
Town _____		<input type="checkbox"/> Aggression <input type="checkbox"/> Lethargy <input type="checkbox"/> Unexplained		<input type="checkbox"/> Human Exposure		<input type="checkbox"/> Pet Exposure	
County _____		<input type="checkbox"/> Ataxia <input type="checkbox"/> Paralysis <input type="checkbox"/> Wound		<input type="checkbox"/> Acting Sick			
		<input type="checkbox"/> Disorientation <input type="checkbox"/> Salivation <input type="checkbox"/> Other _____					
Travel Out of State:			Bitten by Another Animal in Past 12 Months:			Vaccination History: date	
<input type="checkbox"/> Yes (Location _____ Date ____/____/____)			<input type="checkbox"/> Yes (type of animal _____)			<input type="checkbox"/> Rabies Vaccinated (____/____/____)	
<input type="checkbox"/> No			<input type="checkbox"/> No			<input type="checkbox"/> Not Rabies Vaccinated (not current)	
<input type="checkbox"/> Unknown			<input type="checkbox"/> Unknown			<input type="checkbox"/> Unknown	
4. EXPOSURE INFORMATION							
Person(s) Exposed		Exposure Date ____/____/____		Animal(s) Exposed		Exposure Date ____/____/____	
Name _____		Physician Name _____		Name _____			
Address: No./Street/Apt.# _____				Species _____		Age _____	
City/Town _____		State _____		City/Town _____		State _____	
		Zip Code _____		Address: No./Street/Apt.# (if different from owner) _____			
Phone Number: () _____		Physician Phone Number: () _____		City/Town _____		State _____	
				City/Town _____		Zip Code _____	
Type of Exposure: (check one)		<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		Type of Exposure: (check one)		<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	
		Body Site _____				Body Site _____	
		Severity _____				Severity _____	
Circumstance of Exposure: (check one)		<input type="checkbox"/> Capture <input type="checkbox"/> Specimen Preparation <input type="checkbox"/> Unprovoked Attack <input type="checkbox"/> Other _____ <input type="checkbox"/> Provoked Attack <input type="checkbox"/> Handling		Circumstance of Exposure: (check one)		<input type="checkbox"/> Fight <input type="checkbox"/> Vicinity <input type="checkbox"/> Dead Animal Contact <input type="checkbox"/> Other _____	
Pre-Exposure Vaccination History:		Post-Exposure Rabies Vaccination:		Pre-Exposure Vaccination History:		Post-Exposure Rabies Vaccination:	
<input type="checkbox"/> Rabies Vaccinated (current)		<input type="checkbox"/> Received		<input type="checkbox"/> Rabies Vaccinated (current)		<input type="checkbox"/> Received	
<input type="checkbox"/> Not Rabies Vaccinated (not current)		<input type="checkbox"/> Not Received		<input type="checkbox"/> Not Rabies Vaccinated (not current)		<input type="checkbox"/> Not Received	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
5. FLUORESCENT RABIES ANTIBODY TEST RESULTS: (for lab use only)				Reported By (initials) _____ Date: ____/____/____			
<input type="checkbox"/> Positive (rabid) <input type="checkbox"/> Negative (not rabid) <input type="checkbox"/> Specimen Unsatisfactory				Comments: _____			

Revised 2/27/03

<http://www.state.ma.us/dph/bls/viro.htm>

Guidelines for Sending Specimens for Rabies Testing

Recently the U.S. Department of Transportation enhanced its packaging requirements for specimens. Federal regulations require that diagnostic specimens be triple packaged according to specific guidelines for transport. The guidelines below are for shipping specimens for rabies testing to the State Laboratory Institute (SLI). A Specimen Request Form for Rabies Testing must be included with each specimen.

Materials:

- 2 zipper-lock or otherwise sealable, leak-proof plastic bags
- absorbent material (pads, paper towels, etc.)
- 1 frozen cool pack
- 1 pair disposable gloves
- 1 permanent marker
- 1 cardboard box or plastic foam mailing cooler
- cushioning material (newspaper, etc.)

Specimen Packaging and Transport:

1. All animals involved in exposures of humans or domestic animals will be tested. With the exception of bats, the head **only** should be prepared for transport. Please note that “road kills” may not be appropriate for testing and should not be sent if the head is severely damaged.
2. With gloved hands, place the specimen into a plastic bag. Seal the bag.
3. Place the bagged specimen into the larger plastic bag with enough absorbent material to absorb any leaking fluid.
4. Place a frozen cool pack into the bag. DO NOT USE ICE. Seal the bag.
5. Place the wrapped, double-bagged specimen inside a cardboard box or cooler with adequate cushioning material. Place the completed Specimen Request Form for Rabies Testing in the cardboard box.
6. Seal the box. Label the box “Diagnostic Specimen” in permanent marker. Clearly label with the destination address (State Laboratory Institute, Rabies Laboratory, Room 710, 305 South St., Jamaica Plain, MA, 02130), and the sender’s address in permanent marker.

Specimen Transport:

Specimens may be delivered to SLI via private courier, U.S. Postal Service, United Parcel Service (UPS), and FedEx. FedEx will not accept whole animals for shipment, and requires that packages be at least 7” x 4” x 2” in size. Please contact the shipping agency for questions regarding its requirements for packaging. DO NOT leave specimens in delivery service drop boxes.

Specimens should be delivered to SLI as soon as possible. The specimen must be maintained cold, but not frozen at all times. Specimens received more than 24 hours after death or after freezing may not be suitable for testing.

Testing and Exposure:

Animals involved in a human or domestic animal exposure will be tested as soon as possible. Results will be phoned to the sender as soon as the test is completed. Specimens received by 1:00 pm will be prepared and tested the same day. The Bureau of Communicable Disease Control (BCDC) epidemiologists can authorize emergency testing on weekends.

Questions concerning testing and specimen transport should be directed to the Virology Laboratory at (617) 983-6385, Monday through Friday between 8am and 6pm. Questions concerning exposures, need for testing, and prophylaxis should be directed to the Division of Epidemiology and Immunization, BCDC, MDPH, at (617) 983-6800.